1231292

SEC 1972 Potential persons who are to respond to the collection of information contained (6-02)in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

FORM D

FEB 04 2005

NOTICE OF SALE OF SECURITE PURSUANT TO REGULATION D **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response... 1

SEC USI	E ONLY
Prefix	Serial
DATERE	CEIVED
DITTE	CLIVED

Name of Offering ([] check if this Private Placement	is an amendment and name has changed, ar	nd indicate change.)
Filing Under (Check box(es) that apply):	[] Rule 504 [] Rule 505 [X] Rule 506	[] Section 4(6) [] ULOE
Type of Filing: [] New Filing	[X] Amendment	
	A. BASIC IDENTIFICATION DATA	05002937
Enter the information requested	d about the issuer	
Name of Issuer ([] check if this i	s an amendment and name has changed, an	d indicate change.)
Anuvu Incorporated		

Address of Executive Offices (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

3980 Research Drive, Sacramento, CA 95838

(916) 921-7040

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

3980 Research Drive, Sacramento CA 95838

(916) 921-7040

Brief Description of Business

Fuel cell development		
Type of Business Organization		
[x] corporation	[] limited partnership, already formed	[] other (please specify):
[] business trust	[] limited partnership, to be formed	
<u> </u>	Month Year	
Actual or Estimated Date of Inc	orporation or Organization: [0]1] [9]4]	[x] Actual [] Estimated
Jurisdiction of Incorporation or 0	Organization: (Enter two-letter U.S. Postal Ser CN for Canada; FN for other foreigr	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Exe Offic	-] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	ıl)				
Business or Residen	ce Address (Num	ber and Street,	City, State	e, Zip Code)		
Check Box(es) that Apply:	[] Promoter [Beneficial Owner	[] Exe Offic] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	ıl)				
Business or Residen	ce Address (Num	ber and Street,	City, State	e, Zip Code)		
Check Box(es) that Apply:	[] Promoter []] Beneficial Owner	[] Exe Offic	•] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al)				
Business or Residen	ce Address (Num	ber and Street,	City, State	e, Zip Code)		
Check Box(es) that Apply:	[] Promoter []] Beneficial Owner	[]Exe Offic] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al)				***************************************
Business or Residen	ce Address (Num		City, State	e, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Exe Offic] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	ıl)	•••••	······································		***************************************

Business or Residen	ce Address (Numl	ber and Street,	City, State, Zip Co	de)	
Full Name (Last nam	ne first, if individua	l)			***************************************
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Business or Residen	ce Address (Num	ber and Street,	City, State, Zip Co	de)	
Full Name (Last nam	ne first, if indi∨idua	l)			
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner

**********						****	******					*****	
		*******		B. IN	IFORMA	TION AI	воит о	FFERIN	G		*********		
	the issug?	uer sold	, or does	the iss	uer inten	d to sell	, to non-	accredite	d investo	ors in this		Yes []	No []
			Answ	er also	in Apper	ndix, Col	umn 2, if	f filing un	der ULO	E.			
2. Wh	at is the	minimu	m invest	ment th	at will be	accepte	ed from a	any indivi	dual?			\$	
3. Does the offering permit joint ownership of a single unit?									Yes []	No []			
directl conne persor the na	y or indi ction wit n or age me of th	rectly, a th sales nt of a b ne broke	ny comr of secur broker or er or dea	nission of tities in to dealer of ler. If mo	or simila he offeri registere ore than	r remune ng. If a p d with th five (5) p	eration for erson to e SEC a persons t	en or will or solicita o be listed and/or wit to be liste nation for	tion of pu d is an as th a state ed are as	urchasers sociated or state sociated	s in s, list		
Full N	ame (La	st name	e first, if i	ndividua	al)	***************************************	***************************************	······	***************************************			***************************************	
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	te, Zip Co	ode)	***************************************	00120111111111111111111111111111111111	***************************************	***************************************
Name	of Asso	ciated E	Broker o	Dealer		***************************************	***************************************	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			***************************************
States	in Whic	h Perso	n Listed	Has Sc	licited o	r Intends	to Solic	it Purcha	sers				
(Chec	k "All	States"	or chec	k indivi	idual St	ates)	.n/a			[] All	State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO] -	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[]	D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[1	MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[F	PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[F	PR]
Full N	ame (La	st name	e first, if i	ndividua	al)	•••••	***************************************						
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, (City, Stat	te, Zip Co	ode)				
Name	of Asso	ciated E	Broker o	· Dealer								••••••	
States	in Whic	h Perso	n Listed	Has Sc	licited o	r Intends	to Solic	it Purcha	sers				
(Chec	k "All	States"	or chec	k indivi	idual Sta	ates)n	/a			[] All	State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[]	D]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[F	PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[F	PR]
Full N	ame (La	st name	e first, if i	ndividua								***********	
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	te, Zip Co	ode)				
Name	of Asso	ciated E	 Broker oı	Dealer		**************				**************		**********	

State	s in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purcha	sers			
(Che	ck "All s	States"	or chec	k indivi	dual Sta	ates)	n/a			[] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Use	blank	sheet, o	rcopy	and use	additio	nal copi	es of thi	s sheet, as	s nece	essary.)	
	C. OFF	ERING	PRICE,	NUMBE	ROFIN	IVESTO	RS, EXP	ENSES	AND USE	OF PI	ROCEED	S
Enter	"0" if an	swer is '	"none" o	r "zero."	If the tra	ansactio	n is an ex	kchange	g and the to offering, cleaxchange a	neck th	his box "	and
	Type of S								Aggregate Offering Pric			Already old
	Debt									<u>) </u>	3,3	<u>58,500</u>
	Equity	• • • • • • • • • • • • • • • • • • • •						\$	0	_ \$	<u> </u>	·· ···
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	Partnersh	•								_	<u> </u>	
(Other (Sp									_ \$		
,	I otal Answer a						 ULOE.	\$	3,425,13	<u>5</u> \$	<u>3,4</u>	<u>25,135</u>
2. En offeri numb	ter the no	umber o ie aggre sons wh	of accred egate dol no have	ited and lar amo purchas	non-acc unts of the	credited in eir purc	investors hases. F	or offeri	ve purchas ngs under <u>f</u> ollar amou	Rule 5	04, indica	ite the
											Aggregate	
					•			Nun	nber Invest		Dollar Am of Purcha	
	Accredite	ed Inves	tors			•••••			1		3,425, ²	
	Non-accr								0	\$		
									N/A	_ \$		
,	Answer a	lso in A	ppendix,	Columi	1 4, if filir	ng under	ULOE.					

3. If this filing is for an offering under $\underline{\text{Rule } 504}$ or $\underline{505}$, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Rule 505	N/A	\$	N	
Regulation A	N/A	\$	N	I/A
Rule 504	N/A	\$	N	I/A
Total	N/A	\$	N	I/A
Furnish a statement of all expenses in connection with the issur- offering. Exclude amounts relating solely to organization expens- given as subject to future contingencies. If the amount of an expension and check the box to the left of the estimate.	es of the issuer.	The in	forma	ation ma
Transfer Agent's Fees		[]	\$	0
Printing and Engraving Costs		[]	\$	0
Legal Fees		[x]	\$	90,000
Accounting Fees		[]	\$	0
Engineering Fees		[]	\$	0
Sales Commissions (specify finders' fees separately)		[]	\$	0
Other Expenses (identify)			\$	0
Total		[X] \$	90,000
Inter the difference between the aggregate offering price given in Question 1 and total expenses furnished in response to Part Cerence is the "adjusted gross proceeds to the issuer."	Question 4.a. The ssuer used or proown, furnish an	nis oposeo estima	d to b te and	d check
Question 1 and total expenses furnished in response to Part C - erence is the "adjusted gross proceeds to the issuer." adicate below the amount of the adjusted gross proceeds to the i h of the purposes shown. If the amount for any purpose is not kn to the left of the estimate. The total of the payments listed must	Question 4.a. The ssuer used or proown, furnish an equal the adjusted Payments Officers,	oposeo estima ed gros	d to b te and ss pro	e used d check ceeds t
Question 1 and total expenses furnished in response to Part C - erence is the "adjusted gross proceeds to the issuer." adicate below the amount of the adjusted gross proceeds to the i h of the purposes shown. If the amount for any purpose is not kn to the left of the estimate. The total of the payments listed must	Question 4.a. The ssuer used or proposed o	oposeo estima ed gros	d to b te and ss pro	e used d check ceeds t
Question 1 and total expenses furnished in response to Part C - erence is the "adjusted gross proceeds to the issuer." adicate below the amount of the adjusted gross proceeds to the i h of the purposes shown. If the amount for any purpose is not kn to the left of the estimate. The total of the payments listed must	Question 4.a. The ssuer used or property own, furnish an equal the adjusted Payments Officers, Directors, Affiliates	oposed estima ed gros to &	d to b te and ss pro	e used d check ceeds t nents T rs
Question 1 and total expenses furnished in response to Part C - erence is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the ist of the purposes shown. If the amount for any purpose is not known to the left of the estimate. The total of the payments listed must issuer set forth in response to Part C - Question 4.b above. Salaries and fees	Question 4.a. The ssuer used or proown, furnish an equal the adjusted Payments Officers, Directors, Affiliates	oposed estima ed gros to &	d to b te and ss pro Payn Othe	e used d check ceeds t nents T rs 0
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Type of offering n/a

Dollar Amount Sold

Type of Security

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type)	Signature //	Date
Anuvu Incorporated	Sarat for	9-24-04
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
SARA HODGE	Secretary/TREASURER	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)